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or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 1 6 2005 7590 04/01/2005 Niro, Scavone, Haller & Niro Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Suite 4600 181 W. Madison Chicago, IL 60602 (Depositor's name 06/17/2005 MBERHE1 00000133 141131 10607849 (Signature 01 FC:2501 02 FC:8001 700.00 DA 30.00 DA (Date ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 10/607,849 06/27/2003 Edward L. O'Neill TITLE OF INVENTION: SLIM PROFILE APPLIANCE MOUNT **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE ISSUE FEE APPLN, TYPE SMALL ENTITY YES \$700 \$700 07/01/2005 nonprovisional \$0 **EXAMINER** ART UNIT CLASS-SUBCLASS WOOD, KIMBERLY T 3632 248-346060 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Please check the appropriate assignee category or categories (will not b	e printed on the patent):		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):		
Issue Fee	A check in the amount of the fee(s) is enclosed.		
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.		
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number		
5. Change in Entity Status (from status indicated above)			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).		
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accessinterest as shown by the records of the United Stayes Farent and Tradem	lication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. pted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.		

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(37 C.F.R. 1.311)			Docket No. 3528			
Applicant(s): Edward O'Neill						
Serial No.	Filing Date	Examiner		Group Art Unit		
10/607849	06/27/2003	Wood, Kimberly T		3632		
Invention: SLIM PROFILE APPLIANCE MOUNT						
TO THE ASSISTANT COMMISSIONER FOR PATENTS  ALEXANDRIA, VA 22313-1450  ATTENTION: Mail Stop Issue Fee						
Transmittal herewith are the following for the above-identified application.						
☑ Utility Fee: \$700.00 ☐ Design Fee:						
□ Publication Fee:	_					
Entity Status:						
□ Small Entity □ Large Entity						
The Assistant Commissioner hereby authorized to charge and credit Deposit Account No.: 14-1131 as described below. A duplicate copy of this sheet is enclosed.						
⊠ Credit a	the amount of \$700.0 ny overpayment. any additional fee rec					
Signature		Dated $6-1$	3-0	of		
Thomas G. Scavone - Reg Niro, Scavone, Haller & Ni 181 W. Madison-Suite 460 Chicago, IL 60602 (312) 236-0733	ro	with the U.S. Postal Service addressed to the Commissi VA 22313-1450	e as first oner for	is being deposited on June 13,, 2005 class mail under 37 C.F.R. 1.8 and is Patents, P.O. Box 1450, Alexandria		
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